Registration No., if applicable

31,297

Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY RECEIVED In re Application of: CENTRAL FAX CENTER A. M. Gilbert et al Application No. MAK 2 8 2005 09/838,749 Filed: 04/19/01 Title: METHOD AND SYSTEM FOR ARCHITECTING A SECURE SOLUTION Attorney Docket No. Art Unit: END920000116US1 2135 The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34: Name Registration Number Karuna Ojanen 32,484 This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office. SIGNATURE of Practitioner of Record Date Signature 25,2005

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

Name

Telephone

Arthur J. Samodovitz

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.